

CALIFORNIA STATE BOARD OF HEALTH

Weekly Bulletin

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EDITOR

Diphtheria Shows Early Increase.

More than one hundred and fifty cases of diphtheria were reported during the week ending September 23d, and incomplete returns show that 117 cases have already been reported for the week ending September 30th. This is a considerable increase for this season of the year and indicates that the control of diphtheria in California must receive the undivided attention of all physicians, nurses and health officers, and that every means possible must be taken to secure the full cooperation of the general public in the control of this preventable disease. Although we possess effective weapons for the control of diphtheria, it must be admitted that the death rate for this disease in 1921 was exactly the same as it was fourteen years ago, in 1908, when it was 17.9 per hundred thousand population. There were 644 deaths from this disease in 1921; 451 deaths in 1920, and 266 deaths in 1919. The number of deaths, by months, for these three years, follows:

	1919	1920	1921
January -----	25	28	62
February -----	14	39	43
March -----	28	30	44
April -----	15	31	46
May -----	21	39	46
June -----	20	32	43
July -----	25	27	44
August -----	13	23	44
September -----	13	33	38
October -----	22	48	69
November -----	33	63	67
December -----	37	58	98
Total -----	266	451	644

The State Board of Health makes the emphatic statement that the principal factor in producing a high diphtheria death rate in California at the present time is the *delay* in the administration of antitoxin. Unless antitoxin is administered *during the first twenty-four hours* of the illness, it is of little use. Parents are inclined not to regard a sore throat as serious, and delay taking the necessary steps for determining the nature of the sore throat. By the time the physician is called, the disease may have progressed to such a stage that antitoxin is ineffective in treatment. Very often, the physician, instead of basing his diagnosis upon the pronounced clinical symptoms of the disease, waits for a report of the bacteriological diagnosis from the laboratory. This *delay*, unless antitoxin has already been administered, is almost criminal.

The efficacy of antitoxin is undisputed, and if used quickly and with proper technique, there is no doubt but that the diphtheria death rate can be reduced greatly. Health officers throughout the state are urged to impress the residents of the territory within their jurisdiction to regard every sore throat as serious, and to immediately take the necessary steps for determining the cause of the sore throat. The weapons for fighting diphtheria are readily available, and whether they are made use of in combating this preventable disease depends entirely upon the *avoidance of delay* on the part of the general public, the physician and the health officer.



### What the Health Radio Talk Did for One Woman.

A dog owned by Mrs. H. J. Kalus, of El Cerrito, Cal., became sick last week, and in caring for the animal Mrs. Kalus was bitten. She has a radio receiving set, and had heard the State Board of Health radio talk on rabies, broadcasted from station KURO, San Francisco, on August 12th, and she remembered that dog bites may produce serious results. She immediately went to the State Board of Health's Hygienic Laboratory at Berkeley, presenting herself to Dr. Wilfred H. Kellogg, director of the laboratory. Upon learning the symptoms of the animal's illness, it was believed advisable for her to start the preventive Pasteur treatment immediately.

Meanwhile, the animal was confined, and the symptoms, as they developed, were carefully noted. The dog died Sunday, and the head was taken to the State Hygienic Laboratory for examination. This resulted in the discovery in the brain cells of the organism that causes rabies—Negri bodies.

Mrs. Kalus states that if it had not been for this radio talk she would not have known of the prevalence of rabies in California, nor would she have had any information regarding what action to take if bitten by a rabid animal. She is exceedingly grateful, not only to the State Board of Health, but also to the San Francisco *Examiner* broadcasting station for providing the machinery by which she gained this information which may be the means of saving her life.

The State Board of Health emphasizes the fact that rabies is still prevalent in California, and for the benefit of those who did not receive this radio talk, it is repeated here:

"WATCH FOR RABID DOGS. Rabies in animals, especially dogs, is unusually prevalent in California this summer. If bitten by a dog, it is important that the animal be locked up immediately and kept locked up for ten days. If the animal becomes sick and develops paralysis before the end of ten days, it should be killed and the head sent for examination in a sealed can to the State Hygienic Laboratory at Berkeley. Wounds from dog bites should be cauterized immediately with nitric acid, and if the dog is believed to be rabid the Pasteur treatment should be started without delay. All cases of dog bite should be reported to the local health officer at once, in order that he may take action to prevent the spread of the disease."

Radio talks supplied by the State Board of Health are broadcasted from the Station KURO, San Francisco, every Wednesday afternoon at three o'clock.

### Schick Test Is Available.

The Schick test for determining diphtheria immunity is being used more and more often throughout California, and with exceedingly gratifying results. This test is useful only in its application to a large group of children in order to determine if they possess immunity to the disease. This test, in brief, consists of the injection of a small amount of greatly diluted diphtheria toxin into the skin of one forearm and the injection of the same amount of a control solution on the other forearm.

A positive reaction indicates the absence of antitoxin in the individual, meaning that he is susceptible to the disease. A negative, however, indicates the presence of a sufficient amount of antitoxin to protect him. About 60 to 70 per cent of California school children are found, by means of the Schick test, to be susceptible to diphtheria. They can be rendered immune by the administration of toxin-antitoxin. This toxin-antitoxin mixture is given subcutaneously, and is repeated every two weeks until three injections have been given. It takes from three to six months following the administration of the toxin-antitoxin for the development of complete immunity, which, however, may be regarded as permanent.

If all infants were made immune through the administration of toxin-antitoxin, and if all other children who gave a positive Schick reaction, were rendered similarly immune, diphtheria could undoubtedly be made as rare as typhoid fever.

Practically the entire adult population is naturally immune to diphtheria. At least, ninety per cent are not susceptible to the disease. The State Board of Health is prepared to assist the various communities of the state in the administration of the Schick test and the board has in preparation at the present time a pamphlet upon diphtheria control, which will be forwarded to any physician in the state who may request it.



### Delta Mosquito Abatement District Forms.

The Delta Mosquito Abatement District, including the city of Visalia and surrounding territory, was created by the board of supervisors of Tulare County, September 21st. There were no protestants to oppose the establishment of the district, and about twenty-



five prominent residents of Visalia and vicinity appeared before the supervisors to urge the establishment of the abatement district as a means for controlling the mosquito nuisance existing in the vicinity. By the creation of this district, about \$3,000 will be available next year with which to carry on the work in mosquito control. It is too late this year to secure financial assistance through the medium of a county tax rate, but steps are being taken for the provision of funds, by other methods, so that active work may be started as soon as practicable.

### Preservative Powder for Home Canning Not Effective.

Extensive experiments have recently been conducted by the United States Department of Agriculture on the efficiency of canning powders which are advertised and sold throughout the country for the home canning of fruits and vegetables.

These powders are usually sold in small packages containing about one ounce of material and they consist essentially of boric acid with a small amount of salt. The experiments on these powders were tried out on twenty-five (25) different varieties of bacteria and yeasts and more than three hundred (300) jars of fruits and vegetables were used to complete the experiments. The results of these investigations indicate that boric acid canning powder is practically worthless as a preservative in the canning of fruits and vegetables. Following is an extract from the Summary of Department Circular No. 237, United States Department of Agriculture.

"The powder in the amount recommended for canning had no inhibitory effect on representative members of the anaerobic sporeforming group, especially the toxin-forming *B. botulinus*, which has recently been responsible for many deaths from food poisoning.

In the practical canning experiments the use of the powder for acid products was shown to be an unnecessary and wasteful practice, since material packed without the powder kept as well as that packed with it. Its use with the more or less neutral vegetables showed that the powder plus the inadequate heating recommended was not sufficient to preserve the materials or to prevent the production of toxin in them by *B. botulinus*."

### Place of Health Center in Public Health Program.

The place of the health center or community clinic in the public health program is a matter that has been discussed freely, not only in California, but throughout the whole United States. That all clinics should be conducted in accordance with definite standards is not open to argument. The service provided in such places should be of the very best and should be available to all individuals who are unable to pay for treatment.

Dr. George J. Hall, City Health Officer of Sacramento, has very definitely outlined his ideas concerning the management of health centers in the following article which is reprinted from the August bulletin of the Sacramento Health Department:

"Every community has a certain variable percentage of its population who from economical and social causes are financially unable to buy adequate medical, surgical and hospital care.

"For many years this fact has made it necessary to build and equip city and county hospitals, and in very large cities free clinics have been associated with teaching hospitals and medical schools.

"During the last few years, as economic conditions have improved, the poor families are more noticeable as others around them have become self-supporting, so that various means have been used to assist these people to live and to give their children efficient physical attention.

### Health Centers Spring Up.

"This is certainly so definitely recognized that the various so-called 'charitable organizations' have seen fit to establish clinics and health centers in almost every 'Four Corners' in the country.

"Some of these are doubtless efficient and give good service, but the principle of their organization is primarily wrong.

"The ideal method of establishing an organization for the purpose of giving care to the deserving wage-earner and his family who are temporarily out of funds is to have this organization 'built around' a complete group of well-trained physicians; and not by taking a 'fine charitable idea' on the part of a few laymen and surrounding that idea by a few physicians who are willing to help.



**Treat Needy Only.**

"Unless a real social service department is a part of the organization there will not be accomplished what was originally intended.

"If a clinic is opened for the purpose of treating the poor, it is not right that this money be spent caring for those who can buy that service. And as a consequence the clinic is apt to do as much harm as good. Every patient accepted in a free clinic must be worthy of that care, and unless this is so the clinic is wrong.

"There is no valid argument for penalizing poor people by sentencing them to poor health just because they haven't the money to buy assistance in keeping healthy.

**Service Spreading.**

"Therefore, it is proper that some means be evolved whereby such service can be given. This is, of course, a problem, but I believe that in a very few years this service will be obtainable by every resident of the United States.

"And I also believe that this will be done in small communities and those without medical colleges by and through the local health departments in conjunction with an efficient social service department."

**MORBIDITY.****Smallpox.**

Only four cases of smallpox were reported to date for last week, the following localities each reporting one case: Dunsmuir, Glendale, Santa Clara County, Ventura.

**Typhoid Fever.**

Twenty-seven cases of typhoid fever were reported to date last week, distributed as follows: Berkeley 1, Colton 1, Dinuba 1, Eureka 1, Glendale 1, Kings County 1, Long Beach 4, Los Angeles 6, Los Angeles County 2, Oakland 2, Pasadena 1, San Joaquin County 1, Stockton 2, Santa Clara County 2, Ventura County 1.

**Cerebrospinal Meningitis.**

Five cases of epidemic cerebrospinal meningitis were reported to date last week, Long Beach reporting 2 and Oakland 3 cases.

**Poliomyelitis.**

Los Angeles reported one case of poliomyelitis last week. No other cases have been reported to date.



Ignorance which results in misery to one's fellows is not only a vice but a crime.—Dr. Victor C. Vaughan.

**COMMUNICABLE DISEASE REPORT.**

Disease	1922				1921			
	Week ending			Reports for week ending Sept. 30 received by Oct. 3	Week ending			Reports for week ending Oct. 1 received by Oct. 5
	Sept. 9	Sept. 16	Sept. 23		Sept. 10	Sept. 17	Sept. 24	
Anthrax.....	0	0	0	0	1	0	1	0
Cerebrospinal Meningitis.....	2	1	2	5	4	2	5	0
Chickenpox.....	21	32	34	25	21	43	22	34
Diphtheria.....	82	122	145	117	122	125	141	128
Dysentery (Bacillary).....	2	3	6	0	3	6	0	3
Epidemic Encephalitis.....	3	3	2	0	0	2	0	2
Gonorrhoea.....	138	106	85	89	73	102	188	101
Influenza.....	3	6	16	8	13	9	10	5
Leprosy.....	5	0	1	0	0	0	0	0
Malaria.....	9	9	18	8	9	21	11	3
Measles.....	7	9	3	7	10	15	9	14
Mumps.....	15	10	19	23	28	44	37	40
Pneumonia.....	43	49	67	36	56	54	45	32
Poliomyelitis.....	3	0	3	1	12	16	16	21
Scarlet Fever.....	37	46	73	63	39	66	66	59
Smallpox.....	4	20	10	4	29	43	47	21
Syphilis.....	130	125	81	100	69	109	113	109
Tuberculosis.....	167	170	136	105	118	143	170	116
Typhoid Fever.....	20	36	37	27	34	19	32	25
Whooping Cough.....	61	37	35	26	42	42	30	34
	752	784	773	644	683	861	943	747